Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

OMB No. 1545-1150

Open to Public ▶ Do not enter social security numbers on this form as it may be made public. Inspection

Department of the Treasury

		f the Treasury nue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest info	ormation.		Порсси	011
Ā	For the	2017 calenda	ar year, or tax year beginning July 1 , 2017, and end	ling .	une 30	, 20	18
_	Check if ap		C Name of organization	D Emp	loyer ider	tification numb	er
	Address c	hange		94-	3082098		
	Name cha	-	Mill Creek PTA Everett Number and street (or P O. box, if mail is not delivered to street address) Room/s	urte E Teler	phone nun	nber	
H	Initial retur		1304 S Fawcett Ave 30	0	(425)	337-5920	
H	Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exem	ption	
	Application		Tacoma, WA 98402) Nur	nber 🕨		
G	Account	ing Method	✓ Cash Accrual Other (specify) ►	H Check	▶ ☑ if t	he organizatio	n ıs not
1 '	Website	:► <u>www</u> .	mcepta.org			h Schedule B	
J	Tax-exen	n pt status (che	eck only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 52	7 (Form 9	90, 990-	EZ, or 990-PF	<u> </u>
		organization	✓ Corporation ☐ Trust ☐ Association ☐ Other				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	ıf total assets	_		
(Pa	art II, col		v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$		
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see			or Part I)	_
			the organization used Schedule O to respond to any question in this F	Part I	1 - 1 -	<u></u>	. ⊻
	1		ons, gifts, grants, and similar amounts received		1		65,745
	2	•	ervice revenue including government fees and contracts		2		15,833
	3		ip dues and assessments		3		
	4	Investment			4		20
2018	5a		ount from sale of assets other than inventory		-		
20	S P		or other basis and sales expenses		ا ۔۔ ا		•
0	ا ا		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
6	6	•	d fundraising events		} [
Ω 6	a	\$15,000) .	ome from gaming (attach Schedule G if greater than				
ᇉ				outions	1		
-8	Ь		of contributions of con	Juliona			
4			th gross income and contributions exceeds \$15,000) 6b				
SCANNEIReverus	C		at expenses from gaming and fundraising events 6c		1		
Ī	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b ar	nd subtract	†		
₹		line 6c)			6d		Æ
め	7a	Gross sale	s of inventory, less returns and allowances	620			
	ь		of goods sold	518]		
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		102
	8		nue (describe in Schedule O)		8		407
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u>, , , </u>	9		82,107
	10	Grants and	similar amounts paid (list in Schedule O) KECEIVED		10		31,101
	11	Benefits pa	aid to or for members		11		0
60	12	Salaries, o	ther compensation, and employee benefits $\mathbf{Q}(\mathbf{r}, \mathbf{x}, \mathbf{x}, \mathbf{y}, \mathbf{y}, \mathbf{x}, \mathbf{x}, \mathbf{x}, \mathbf{y}, \mathbf{y}, \mathbf{x}, \mathbf{x}, \mathbf{y}, \mathbf{y}, \mathbf{y}, \mathbf{x}, \mathbf{y}, \mathbf$		12		0
SU:	13			} • • •	13		3,972
Expense	14	Occupanc	v rent utilities and maintenance		14		0
Ŵ	.0	Printing, p	ublications, postage, and shipping OGDEN, UT	· · · ·	15		560
	16	Other expe	enses (describe in Schedule O)	J	16		38,513
	17	Total expe	enses. Add lines 10 through 16	<u>P</u>	17		74,146
4	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	agree with	18		7,961
e di	19		s or fund balances at beginning of year (from line 27, column (A)) (must ar figure reported on prior year's return)		10		20 742
Net Assets		•	nges in net assets or fund balances (explain in Schedule O)		19		38,712 -2,187
Ž	20		ages in net assets or fund balances (explain in Schedule 0)		21		44,486
	121	コロロ ほううじし	SULTATION DESCRIPTIONS AT CITY OF VOCAL CUITINGS TO BUILDURGHT AUTOR SERVICES				77,700

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form 990-EZ (2017)







Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		. []
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
33	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			1
	change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		✓
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	GCC		
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		İ
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			_
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		✓
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9		'	,
b	Gross receipts, included on line 9, for public use of club facilities	٠.,	(1) 1 by	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		1
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	}		
þ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			l
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	401	ļ	
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,	1		
	4955, and 4958	1		1
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			1
	40c reimbursed by the organization	ļ		į
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40-	-	- ,
41	List the states with which a copy of this return is filed N/A	40e	<u> </u>	V
42a	The second of th	425-33	7-592	0
	Located at > 3400 148th St SE, Mill Creek WA		012	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶	ŀ	ŀ	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1		1
С	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		1
U	If "Yes," enter the name of the foreign country:	0	L	· •
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		(Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44-		
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a	-	-
D	completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
ď	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d	ļ	<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	1
Ь	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-F7 (see instructions)	45h		-1

Form 990	0-EZ (20	סוס						F	Page 4
46	Did th	ne organization engage, directly or in	ndirectly, in political c	ampaign activities of	on behalf	of or in opposit	ion [Yes	No
		ndidates for public office? If "Yes," o		, Part I	<u> </u>	<u> </u>	- 46	<u> </u>	_ ✓
Part \		Section 501(c)(3) organizations All section 501(c)(3) organization	•	etions 47–49b and	d 52 and	t complete the	a tablee i	for lin	
		50 and 51.	s must answer que	500115 47 -45D at 1	u 52, and	d complete the	t lables	01 1111	63
		Check if the organization used Scl	nedule O to respond	to any question in	this Parl	: VI			. 🗆
		<u> </u>		7 - 7 - 7		···········		Yes	No
		ne organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elect		ect during the	tax 47		
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete	e Schedul	eE	. 48		1
		ne organization make any transfers to							✓
		s," was the related organization a se					. 49b		<u> </u>
50		olete this table for the organization's							
	emplo	oyees) who each received more than	\$100,000 of compe	nsation from the org			e, enter T	vone.	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contribu	lealth benefits, tions to employee lans, and deferred impensation	(e) Estimate other cor		
None									
					_				
									
				1					
								_	
			*	<u> </u>		1			
		number of other employees paid ov		. ►	nt control		rocowoo	l mor	o than
51	\$100	plete this table for the organization ,000 of compensation from the orga	's rive nignest comp inization. If there is n	ensated independe one. enter "None."	nt contrat	ctors who each	received	HIOR	5 UIAII
				1	00,000	(c)	Compensat	100	
	(a)	Name and business address of each independ	Deni contractor	(b) Type of s	er vice	(c)	Compensa	.1011	
None				1					
				-					
			79.4. (
									
d		number of other independent contra			.▶				
52	comp	the organization complete Schedi pleted Schedule A					.► ✓ Ye		No
Under p	enaities	of penjury, I declare that I have examined this id complete. Declaration of preparer (other that	return, including accompar	lying schedules and state	ements, and er has anv k	to the best of my kr nowledge.	nowledge an	d belief	, it is
	1001, 81	Madi. Dillan I	Omou, a bases on an inte	popul		1 11-12-	2010		-
Sign		Standature of officer				Date 17	MIL		
Here	-	▲ Jonelle Radford, Treasurer							
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	If PTIN		
Prep	arer					self-emplo	1		
Use (Firm's name ▶				Firm's EiN ▶			
		Firm's address >	- charry - harris O	mota ioti cas		Phone no.			Ma
May th	ne iHS	discuss this return with the prepare	r snown above? See	mstructions			<u> </u>		No
							Form 99	JU-E4	4 (2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

lame of the organization Employer identification number								
till Creek PTA Everett 98-3082098								
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
the organization is not a private foundation because it is (For lines 1 through 12, check only one box.)								
1 A church, convention of churches, or								
2 A school described in section 170(b 3 A hospital or a cooperative hospital s		·						
3 A hospital or a cooperative hospital s4 A medical research organization ope						(iii) Enter the		
hospital's name, city, and state	_					-		
6 A federal, state, or local government	or governme	ental unit described	ın sectio	n 170(b)	(1)(A)(v).			
7 An organization that normally receiv described in section 170(b)(1)(A)(vi).			oort from	a goveri	nmental unit or fron	the general public		
8 A community trust described in sect	ion 170(b)(1))(A)(vi). (Complete F	Part II.)					
9 An agricultural research organization or university or a non-land-grant coll- university.								
10 An organization that normally receive receipts from activities related to its support from gross investment incon acquired by the organization after Ju	exempt funct ne and unrela ne 30, 1975.	tions—subject to ce ated business taxat . See section 509(a	ertain exc ble incom)(2). (Con	eptions, e (less se nplete Pa	and (2) no more that ection 511 tax) from art III.)	n 33 ¹ /3% of its		
11 An organization organized and opera		•	•					
12 An organization organized and opera of one or more publicly supported or								
Check the box in lines 12a through 12	2d that descri	nbes the type of sup	porting o	rganizatio	on and complete line	es 12e, 12f, and 12g.		
a Type I. A supporting organization the supported organization(s) the supporting organization. You mu	power to req	gularly appoint or el	lect a ma	jority of t				
b Type II. A supporting organization control or management of the supporting organization(s). You must complete the comp	pporting orga	anization vested in t	the same					
c Type III functionally integrated. its supported organization(s) (see	A supporting	g organization oper	ated in co			ally integrated with,		
d Type III non-functionally integra						orted organization(s)		
that is not functionally integrated, requirement (see instructions). You	The organiz	ation generally mus	st satisfy	a distribu	ition requirement an			
e Check this box if the organization functionally integrated, or Type II						e II, Type III		
f Enter the number of supported organiz								
g Provide the following information about	t the suppor	ted organization(s).						
(i) Name of supported organization ((d	ii) Type of organization described on lines 1–10 bove (see instructions))	(iv) Is the or listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
			Yes	No				
(A)								
(B)								
(C)								
(D)								
(E)					, , , , , , , , , , , , , , , , , , , ,			

Part II

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support	quality und	er the tests ha	ited below, p	rease compre	ic rait iii.)	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2010	(3) 2011	(0) 20.0	(4) 20:0	(0) = 0	(4)
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	 	1				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			/ \			
Secti	on B. Total Support		/				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014/	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4		//	\			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	504(1/0)
13	First five years. If the Form 990 is for the						
C4'	organization, check this box and stop her		· · · · ·	 		· · · · ·	
	on C. Computation of Public Support			1 1 (6)		14	%
14	Public support percentage for 2017 (line 6 Public support percentage from 2016 Sch					15	
15 16a	331/3% support test—2017. If the organization						
	box and stop here. The organization quali						
b	331/8% support test—2016. If the organization of this box and stop here. The organization	ation did not	check a box o	on line 13 or 16	Sa, and line 15	ıs 331/3% or m	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts	s-and-circumst	ances" test, ci	heck this box a	and stop here .	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizar Explain in Part VI how the organization m supported organization	tion meets tl	ne "facts-and-o	circumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization did	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see ▶ □

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	51557	46079	56938	57422	65745	277741
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the			i			
	organization's tax-exempt purpose	24153	22175	11586	14257	15833	88004
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to	1					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	75710	68254	68524	71679	81578	365745
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		j				
ь	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			į			
	line 6.)	}					365850
	on B. Total Support	,					
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	75710	68254	68524	71679	81578	365745
10a	•						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.	25	20	3	37	20	105
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			-	1		
	acquired after June 30, 1975						
Ç	Add lines 10a and 10b	25	20	3	37	20	105
11	Net income from unrelated business	İ	:	İ			
	activities not included in line 10b, whether				Ì		
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,			+			
13	and 12.)			20507	74746	04500	205050
14	First five years. If the Form 990 is for the	75735	68274	68527	or fifth tax ve	81598	365850 n 501(c)(3)
17	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line	<u>-</u>		3. column (f))		15	99.97 %
16	Public support percentage from 2016 Scl		-			16	99.94 %
	on D. Computation of Investment In			-			
17	Investment income percentage for 2017 (•		y line 13, colun	nn (f))	17	03 %
18	Investment income percentage from 2016					18	.04 %
19a	331/3% support tests - 2017. If the organ					ore than 331/39	
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2016. If the organiz	zation did not cl	neck a box on l	line 14 or line 1	9a, and line 16	is more than 3	31/3%, and
	line 18 is not more than 331/3%, check this	box and stop h e	ere. The organı	zation qualifies	as a publicly si	upported organ	ization 🕨 🗌
20	Private foundation. If the organization di	id not check a l	oox on line 14,	19a, or 19b, c	heck this box	and see instru	ctions 🕨 🔲

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	.)	
<u>S</u> ecti	on A. All Supporting Organizations		1.4	T
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	<u> </u>	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		-
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	مث	ا سدند
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	- 5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	-	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	-	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	-	
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	-	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer 10b below	10a		

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

Scheau	e A (Form-990 of 990-EZ) 2017		'	aye 🗸
Part	Supporting Organizations (continued)		V	Na
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ĺ	ļ	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		-	
_	below, the governing body of a supported organization?	11a	ļ	
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	l	L
Secti	on B. Type I Supporting Organizations		1	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		}	1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			ŀ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part]	}
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			İ
	supervised, or controlled the supporting organization	2		j _
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Ī	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ļ		
	or management of the supporting organization was vested in the same persons that controlled or managed			İ
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations		ı	···-
0000	on b. All Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		~~ -
_		<u> </u>		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		ļ	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
_	•	-		 -
3	By reason of the relationship described in (2), did the organization's supported organizations have a	}		
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	-	ļ	
		3		L
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	instru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ın	struct	ions).
_				
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	ł
	how the organization was responsive to those supported organizations, and how the organization determined		送達	M.C.
	that these activities constituted substantially all of its activities.	2a	<u> </u>	<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	}		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		T	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u>L</u> -

Schedule A (Fo	orm⊾990 or	990-EZ1	2017
----------------	------------	---------	------

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		·
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		· · · · · · · · · · · · · · · · · · ·	
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7	., .,,,	
8 Minimum Asset Amount (add line 7 to line 6)	8	-	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III support	ing organization (see
instructions)	-		- - ·

Pari Sect	Type III Non-Functionally Integrated 509(a)(3 ion D - Distributions	y ouppointing organi	izations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
	Amounts paid to perform activity that directly furthers exe		orted	
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
_	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
			(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017	- · · · · · · · · · · · · · · · · · · ·		
а				
b	From 2013	17	Jan. 1, 12 5	" 11, "13 , 63 , 123 .
C		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
d				
e	From 2016			
<u>-</u>	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
_ <u>-</u> -	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
•	Section D, line 7 \$			
a	Applied to underdistributions of prior years			
<u>_</u>				
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
J	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3 _j and 4c.			
8	Breakdown of line 7			
	Excess from 2013			
	Excess from 2014			
C				
d				
е	Excess from 2017			

D	
Page	٠

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
•••••	
••	
•	
•	

SCHEDULE Q (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2017

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Mill Creek PTA Everett	98-3082098
List of grants and similar amounts paid (Part 1, Line 10)	
Expense Grants for Field Trip support, Teacher/classroom reimbursements, 5th Grade outdoor expense	ence, Fundraising awards
Grantee. Mill Creek Elementary School, 3400 148th St SE, Mill Creek, WA 98012	
Amount \$25,123	
Expense PTA Membership Service Fees	
Payee Washington State PTA	
Amount: \$3,178	
Expense: Playground equipment, Student scholarships, Technology upgrades	
Payee Mill Creek Elementary School	
Amount: \$2,050	
Expense Donations to local organizations	
Payees. Everett PTSA Council Shoe Fund, Junior Achievement of WA	·
Amount. \$750	
······	
Total Part 1, Line 10 Expenses: \$31,101	
List of Professional Fees and Amounts Paid to Independent Contractors (Part 1, Line 13)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Service: Art Docent Program, instruction and supplies	
Independent Contractor. Mary Wiggins	
Amount: \$3,972	
	·
Total Part 1, Line 13 Expenses: \$3,972	

Name of the organization		Employer identification number
Mill Crèek PTA Everett		98-3082098
Description of Other Expenses (Part 1, Line 16)		
Fifth Grade Celebration Expense.	780	
Fundraising Expense	8,602	
Programs and Activities Expense	23,892	
Art Program Expense	182	
Back to School Treats and Lunch	349	
Charities Expense	44	
PTA Awards Expense	489	
Administrative Expense	2,076	
Staff Appreciation Expense	830	
Kindergarten Play Date Expense	50	
Student Safety and Patrol Program Expense	200	
Playground Equipment Repair/Replace Expense	827	
Movie License Expense	192	
Total Part 1, Line 16 Expenses	\$38,513	
Description of Other Revenue (Part 1, Line 8)		
Revenue Source Percentage of online sales of student	and staff spirit wear through unaffiliated compani	es
Payer ⁻		
Amount. \$407		
Description of Other Changes in Net Assets or Fund Bal	lances (Part 1, Line 20)	
Charge to Retained Earnings: Rollover account from 20	15-2016 designated for teacher grants, paid in 201	6-2017
Amount: \$2,187		